



# ST. ANNE'S PUBLIC SCHOOL (CBSE)

Jinjupalli (Vill), Billanakuppam (Po), Krishnagiri - 635115.  
e-mail: st.annescbse.kgiri@gmail.com

For Office use

Admission No:

Date :

Photo

Instruction: Please fill the application completely and accurately as possible.  
Please write all the particulars in **BLOCK LETTERS** legibly.

**Admitted Class**

## APPLICATION FOR ADMISSION

### 01. STUDENT PERSONAL INFORMATION

1. Name of the Pupil (In Block Letters)	:	<input type="text"/>						
2. Age and Date of Birth	:	<input type="text"/>						
3. Place and Country of Birth	:	<input type="text"/>						
4. Nationality and Religion	:	Nationality		State		Religion		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. Caste as per Community Certificate	:	Caste						
		Tick the appropriate Box						
		SC	ST	OBC	FC	OC	BC	MBC
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Height and Weight	:	Ht.(In Cms):			Wt.(Kgs) :			
7. Sex	:	Male / Female						
8. Identification Marks	:	1.						
		2.						
9. Mother Tongue	:	<input type="text"/>						
10. (a) Languages known To the Pupil	:	To Write:			To Speak:			
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. Blood Group	:	<input type="text"/>						
12. Aadhaar No	:	<input type="text"/>						
13. EMIS No	:	<input type="text"/>						

## 02. PARENT INFORMATION

14. Father's Name :

15. Educational Qualification :

16. Occupation :

17. Father's Annual Income :

18. Mother's Name :

19. Educational Qualification :

20. Occupation :

21. Mother's Annual Income :

22. Permanent Address :

23. Mobile :

24. Record of Previous Schooling :

## 03. SIBLING DETAILS

25. List of names of all brothers and sisters with their age:

S.no	Name	Sex	Age	Class	School

#### 04. EXTRA ACHIEVEMENTS

Proficiency in Sports & Games Co-Curriculars & Extra Activities

Attach relevant Certificates wherever possible.

26.

SPORTS AND GAMES	CO-CURRICULAR / EXTRA - CURRICULAR	
<input type="checkbox"/> Athletics	<input type="checkbox"/> Elocution	<input type="checkbox"/> Drama
<input type="checkbox"/> Sports	<input type="checkbox"/> Quiz	<input type="checkbox"/> Dance
<input type="checkbox"/> Games	<input type="checkbox"/> Debate	<input type="checkbox"/> Instrument Playing

#### 05. Medical History

27. Details on Medical History of the Student:

a. History of serious illness in the past, if any	
b. Does the students have any Identified allergies?	
c. Any Physical / mental handicaps	
d. Physical defect if any:	<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Orthopaedic
e. Has been inoculated / Vaccinated:	<input type="checkbox"/> Triple Antigen <input type="checkbox"/> Polio <input type="checkbox"/> BCG <input type="checkbox"/> Small Pox <input type="checkbox"/> Typhoid <input type="checkbox"/> Measles <input type="checkbox"/> Yellow Fever <input type="checkbox"/> Chicken Pox <input type="checkbox"/> <input type="checkbox"/>

	NAME OF VISITORS	RELATIONSHIP
28. * Name(s) of the relatives & guardians permitted by the parents to visit their wards of campus.  * No other visitors will be permitted to visit the students and have contact with them unless accompanied by parents.	1.	
	2.	
	3.	
	4.	
	5.	
	6.	

29. \* I, Mr/Mrs..... Father /Mother/  
Guardian of ..... Certify that the information furnished  
in this application for admission are complete and correct to the best of my knowledge.

\* I agree and understand the rules and regulations of the School and the fee once paid is  
neither Refundable nor Transferable.

Date:

Signature.....

Mr./Mrs.....

(Name in Block Letters)

**FOR OFFICE USE ONLY**

The applicant,( Name of the child)..... is

admitted in Class..... on .....

Office Seal

Signature of the Principal